

1867

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila</u>	BUREAU OF VITAL STATISTICS		State Index No. <u>180</u>
District of _____	ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. <u>617</u>
Town of <u>Miami</u>			Local Registrar No. _____
or _____			
City of _____	No. <u>708 Nash Ave</u>	St. _____	Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Frederica Perez</u>	If child is not yet named, make supplemental report, as directed.		
3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>yes</u>
5. No., in order of birth _____	7. Date <u>August 23, 1923</u>		
		Month _____	Day _____ Year _____
8. FATHER		14. MOTHER	
Full name <u>Dantiago Perez</u>		Full maiden name <u>Maria Hernandez</u>	
9. Residence (Usual place of abode) <u>Miami, Ariz.</u>		15. Residence (Usual place of abode) <u>Miami, Arizona</u>	
If nonresident, give place and state _____		If nonresident, give place and state _____	
10. Color or race <u>Mexican</u>	11. Age at last birthday <u>30</u> (Years)	16. Color or race <u>Mexican</u>	17. Age at last birthday <u>29</u> (Years)
12. Birthplace (city or place) <u>Nogales</u>		18. Birthplace (city or place) _____	
(State or country) <u>Mexico</u>		(State or country) <u>Mexico</u>	
13. Occupation <u>Miner</u>		19. Occupation <u>Housewife</u>	
Nature of industry <u>Copper</u>		Nature of industry _____	
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)		21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>	
(a) Born alive and now living <u>5</u>			
(b) Born alive but now dead <u>0</u>			
(c) Stillborn <u>0</u>			
<p align="center"><b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b></p> <p>I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>2:45 a.</u> m. on the date above stated.</p> <p align="center">(Born alive or stillborn.)</p> <p>Signature <u>J. J. Miller</u> (Physician or midwife)</p> <p>Address <u>Miami, Arizona</u></p> <p>*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.</p> <p>Given name added from _____</p> <p>a supplemental report _____</p> <p>Month, day, year. _____</p> <p>Registrar. _____</p> <p>Filed <u>Sept 30</u>, 19<u>23</u> <u>P. C. Twin</u> Local Registrar.</p> <p>Filed <u>Oct 9</u>, 19<u>23</u> <u>B. G. Fox</u> County Registrar.</p>			

679-823-489